

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jun 16 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION**  
**ANNUAL REPORT 1997**

FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F 95000002074 (1)**

1. Corporation Name

**DOCUMENT SOLUTIONS INC**

Principal Place of Business Mailing Address  
**255 RIVERCHASE PARKWAY CORP FINANCE TAX DEPT**  
**SUITE L 3435 STELZER RD**  
**BIRMINGHAM, AL 35244 COLOMBUS OH 43219-8026**

3. Date Incorporated or Qualified 3a. Date of Last Report  
**04/28/95 03/20/96**

21	22	23	24	25	26	27	28	29	30	4. FEI Number	Applied For
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired		6. Election Campaign Financing		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<b>56-1734252</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Trust Fund Contribution		Fee Required				<b>\$8.75</b>	Additional Fee Required
City & State		City & State		Trust Fund Contribution		May Be Added to Fees				<b>\$5.00</b>	May Be Added to Fees
Zip	Country	Zip	Country								

9. Name and Address of Current Registered Agent  
**C T CORPORATION**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**LIST ATTACHED**

**200002214132**  
**-06/17/97--01019--001**  
**\*\*\*550.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: **6/10/97** Daytime Phone #: **201 812 8600**

STF FL32381F.1  
**ROBERT J MCMULLAN**

CR2E034 (9/96)

**DOCUMENT SOLUTIONS INC.**

**Corporate Officers & Directors**

Position	Name	Business Address
Chairman/CEO	Lynn J. Mangum	150 Clove Rd., Little Falls, NJ 07424
VICE CHAIRMAN	Paul Bourke	11 Greenway Plaza, Houston, TX 77046
PRESIDENT	Michael sibley	255 Riverchase Parkway E, Birmingham AL 35244
V/P/ Gen Counsel/Secretary	Kevin J. Dell	150 Clove Rd., Little Falls, NJ 07424
Executive Vice Pres./CFO/ Treasurer	Robert J. McMullan	150 Clove Rd., Little Falls, NJ 07424
Senior Vice President	Mark Rybarczyk	11 Greenway Plaza, Houston, TX 77046
Senior Vice President	Dennis sheehan	150 Clove Rd., little falls ,NJ 07424
Vice President	Steven Tripp	255 Riverchase Parkway E, Birmingham AL 35244
Assistance Secretary	Annamaria porcaro	150 Clove Rd., little falls ,NJ 07424

05/14/97

09:14 AM

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